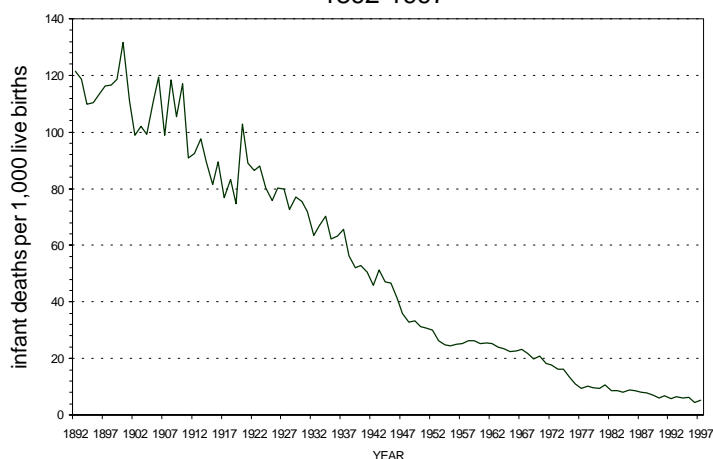


Nearly a decade ago, people from across Maine helped the Department of Human Services' Bureau of Health set Year 2000 health status priority areas with resulting goals and objectives for the State. *Healthy Maine 2000: A Decade in Review* provides an overview on the progress made toward these first-time health priorities and measurements.

We hope this overview is useful both to assess how Maine has progressed this past decade in these priority areas and to help determine what our priorities should be for this next decade. As we face rising health care costs, technological advances, and an aging population, it is more important than ever that we use these and other measurements to discern the direction and utilization of health system resources. If our mission is to improve the health of Maine people, then we must use these goals and objectives to plan and assess progress toward meeting this mission. As a result we will be able to utilize our health system resources more efficiently.

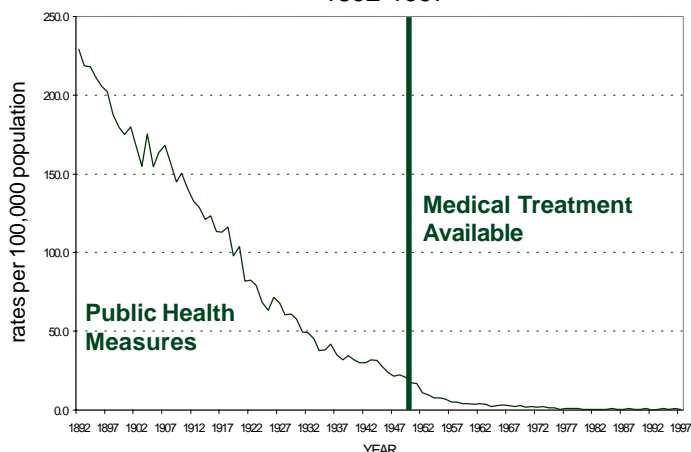
As a new century begins, we realize we face vastly different health challenges than our ancestors. For instance, a century ago, a baby born in the United States had a life expectancy of 47 years. The 20th Century brought an unprecedented increase in our life expectancy by 30 years to 77 years for a baby born today. A major factor in this success is the 98% drop in our infant mortality rate such that a full term baby born

Maine's Infant Deaths
Per 1,000 Live Births
1892-1997



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics.

Maine's Tuberculosis Deaths
Per 100,000 Population
1892-1997



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics.

today in Maine faces a 1 in 1000 chance of dying before their first birthday rather than the 1 in 8 chance faced 100 years ago.

Among all ages, the single biggest cause of death in Maine a century ago was tuberculosis. Our ancestors also commonly faced a myriad of other acute infectious diseases. We have now virtually eliminated tuberculosis as a cause of death as well as a number of other previously common acute infections such as typhoid, cholera, smallpox, measles, polio, diphtheria, and tetanus.

Most importantly, it was not medical and surgical advances that accounted for most of these successes. It was, for the most part, the outcome of preventive public health measures such as improved nutrition, education, sanitation, and vaccinations. Successful public health strategies usually implement a combination of three types of interventions: primary prevention (risk prevention); secondary prevention (risk reduction); and tertiary prevention (reduction of disease burden). In addition, successful approaches have often involved state and local implementation of supportive policies, assurance of addressing health issues, and the use of assessment tools for determining future direction.

A combination of these strategies primarily accounted for the dramatic health successes of the 20th Century. In fact, tuberculosis deaths were mostly eliminated in Maine by the time effective medications became available. Furthermore, most of the decline in infant mortality took place before neonatal intensive care units became common.

The same prevention-oriented approaches used to address our ancestors' health issues are even more applicable today as they were a century ago. We now know how to prevent most of what we are disabled by and die from. Three quarters of Maine people die from only four diseases: cardiovascular disease, cancer, chronic lung disease, and diabetes. These four diseases also cause over one third of all disabilities. Yet, most cases of these four diseases are preventable. The major risk factors for these diseases include tobacco addiction, physical inactivity, poor nutrition, elevated blood pressure, and elevated cholesterol. When we look at the determinants of ill health among young people, we also see issues that are primarily preventable: motor vehicle accidents, intentional injuries, and house fires with underlying preventable risk factors such as alcohol abuse, excessive driving speed, access to hand guns, and lack of working smoke detectors.

The following chapters give an overview on our progress in using public health strategies in several health priority areas. In addition to celebrating successes and noting those areas where goals were not achieved, the hope is that the data in this report will provide direction and design for the new health status goals and objectives for the future, launching Healthy Maine 2010.

Looking toward 2010, we know our mission has evolved to include not only improving the health of Maine people, but also eliminating health disparities. For instance, though some of Maine's health status indicators may be exemplary, there are some populations who are not doing as well as others since they face great barriers to good health. For instance, disparities exist among racial and ethnic minorities such as Native Americans, Maine people living with lower

socioeconomic status, members of the gay and lesbian communities, and people living in some geographical areas such as our rural counties. As we move forward in creating Healthy Maine 2010 goals and objectives, we want to ensure the health of *all* Maine people is improving by eliminating these health disparities.

For those who would like to participate in creating Healthy Maine 2010 priority areas with resulting goals and objectives, there are several opportunities. First, there will be a public forum hosted by the Maine Public Health Association in the fall of 2000 for people to provide input on the priority areas. Second, the Bureau of Health will organize work groups of Maine experts and stakeholders for each of the determined priority areas to develop goals and objectives for each area. Interested parties may contact the Bureau of Health at 287-8016 and ask for Elaine Lovejoy (elaine.lovejoy@state.me.us).

After the work groups have completed their task, we plan on publishing the resulting 2010 health goals and objectives for Maine during the year 2001. Although a mental health chapter noting our progress on this priority area was not submitted for this current report, it is hoped that this critical health area is addressed in the upcoming Healthy Maine 2010 priority areas and report.

Lastly, I would like to sincerely thank the many staff from the Bureau of Health and the Office of Substance Abuse who spent a great deal of time on top of their normal workload to help gather data and write this review. In addition, I am especially thankful to Sharon Leahy-Lind at the Muskie School of Public Service who did a wonderful job coordinating these efforts and pulling together this review. All of these people are dedicated to serving the people of Maine, and for that I am truly grateful.

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